

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

Application type selection box with options: New Pharmacy, Ownership Change, Publicly Traded Corporation, Non Publicly Traded Corporation, Partnership, Sole Owner.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: AIDS Healthcare Foundation dba AHF Pharmacy
Physical Address: 19300 S. Hamilton Ave., Suite 170/180, Gardena, CA 90248-4400
Mailing Address: 6255 W. Sunset Blvd., Floor 21
City: Los Angeles State: CA Zip Code: 90028
Telephone: 310-464-8241 Fax: 310-771-0621
Toll Free Number: 866-819-5001
E-mail: Megan.Southwell@aidshealth.org Website: aidshealth.org
Managing Pharmacist: Tatyana Bukrinsky License Number: 61263

TYPE OF PHARMACY AND SERVICES PROVIDED

Checklist for pharmacy types and services provided, including options like Retail, Hospital, Internet, Nuclear, Ambulatory Surgery Center, Community, Other, Off-site Cognitive Services, Parenteral, Mail Service, Long Term Care, Sterile Compounding, etc.

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

B

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New Pharmacy or **Ownership Change** (Provide current license number if making changes: PH 02602)
 Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7 Partnership - Pages 1,2,5,7
 Non Publicly Traded Corporation – Pages 1,2,4,7 Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Sorkin's Rx LTD d/b/a CareMed Pharmaceutical Services

Physical Address: 1981 Marcus Avenue STE 225 Lake Success, NY 11042-2060

Mailing Address: 1981 Marcus Avenue STE 225

City: Lake Success State: NY Zip Code: 11042-2060

Telephone: 877-227-3405 Fax: 877-542-2731

Toll Free Number: 877-227-3405 (Required per NAC 639.708)

E-mail: compliance@pharmerica.com Website: www.caremedsp.com

Managing Pharmacist: Bincy Varghese License Number: 050660

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	AND	Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input type="checkbox"/> <input checked="" type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input checked="" type="checkbox"/> <input type="checkbox"/> Other: <u>specialty</u>		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

All boxes must be checked
For the application to be complete

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting.**

C

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New Pharmacy or Ownership Change (Provide current license number if making changes: PH _____)
 Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7 Partnership - Pages 1,2,5,7
 Non Publicly Traded Corporation – Pages 1,2,4,7 Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Integra Rx

Physical Address: 2661 W Atlantic Blvd

Mailing Address: 2661 W Atlantic Blvd

City: Pompano Beach State: FL Zip Code: 33069

Telephone: 954-917-6813 Fax: 954-917-6814

Toll Free Number: 844-891-0434 (Required per NAC 639.708)

E-mail: qualityassurance@integra-rx.com Website: N/A

Managing Pharmacist: Harry Zifferblatt License Number: PS21141

TYPE OF PHARMACY	AND	SERVICES PROVIDED
Yes/No		Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input checked="" type="checkbox"/> <input type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input type="checkbox"/> Other: _____		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
All boxes must be checked		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
For the application to be complete		<input type="checkbox"/> <input type="checkbox"/> Other Services: _____

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 431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440
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New Pharmacy Ownership Change
 (Please provide current license number if making changes: PH _____)
 Publicly Traded Corporation - Pages 1,2,3,7 Partnership - Pages 1,2,5,7
 Non Publicly Traded Corporation - Pages 1,2,4,7 Sole Owner - Pages 1,2,6,7
 Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Point Rx
 Physical Address: 139 W. Richmond Ave. Ste. B
 Mailing Address: 139 W. Richmond Ave. Ste B
 City: Point Richmond State: California Zip Code: 94801
 Telephone: 510-232-7879 Fax: 844-929-9868
 Toll Free Number: 844-300-3244 (Required per NAC 639.708)
 E-mail: Management@p-squares.com Website: Pointpharm.com
 Managing Pharmacist: Fady Heikal License Number: 72262

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No		Yes/No	
<input checked="" type="checkbox"/>	<input type="checkbox"/> Retail	<input type="checkbox"/>	<input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/>	<input checked="" type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/>	<input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/>	<input checked="" type="checkbox"/> Internet	<input type="checkbox"/>	<input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/>	<input checked="" type="checkbox"/> Nuclear	<input type="checkbox"/>	<input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/>	<input checked="" type="checkbox"/> Ambulatory Surgery Center	<input checked="" type="checkbox"/>	<input type="checkbox"/> Mail Service
<input type="checkbox"/>	<input checked="" type="checkbox"/> Community	<input type="checkbox"/>	<input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/>	<input checked="" type="checkbox"/> Other: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/> Sterile Compounding **
		<input type="checkbox"/>	<input checked="" type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/>	<input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/>	<input checked="" type="checkbox"/> Other Services: _____

All boxes must be checked
 For the application to be complete

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New Pharmacy or Ownership Change (Provide current license number if making changes: PH_02277)
Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7

Partnership - Pages 1,2,5,7

Non Publicly Traded Corporation – Pages 1,2,4,7

Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Prescriptions Plus, Inc.

Physical Address: 3361 Fairlane Farms Rd.

Mailing Address: 3361 Fairlane Farms Rd.

City: Wellington State: FL Zip Code: 33414

Telephone: (561) 795-1636 Fax: (561) 472-7957

Toll Free Number: (888) 507-5539 (Required per NAC 639.708)

E-mail: compliance@prescriptionsplus.com Website: www.prescriptionsplus.com

Managing Pharmacist: Jennifer Gibson License Number: PS 43336

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

- Retail
- Hospital (# beds _____)
- Internet
- Nuclear
- Ambulatory Surgery Center
- Community
- Other: _____

All boxes must be checked
For the application to be complete

Yes/No

- Off-site Cognitive Services
- Parenteral **
- Parenteral (outpatient)
- Outpatient/Discharge
- Mail Service
- Long Term Care
- Sterile Compounding **
- Non Sterile Compounding
- Mail Service Sterile Compounding **
- Other Services: _____

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F

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New Pharmacy or Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7

Partnership - Pages 1,2,5,7

Non Publicly Traded Corporation – Pages 1,2,4,7

Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Recept Pharmacy #101

Physical Address: 4011 Crescent Park Dr., Riverview, FL 33578

Mailing Address: 1620 W. Northwest Hwy, Suite 100

City: Grapevine State: TX Zip Code: 76051

Telephone: 813-330-2329 Fax: 813-330-2330

Toll Free Number: 888-664-6746 (Required per NAC 639.708)

E-mail: tammie@receptrx.com Website: receptrx.com

Managing Pharmacist: Steven bale License Number: PS17508

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

- Retail
- Hospital (# beds _____)
- Internet
- Nuclear
- Ambulatory Surgery Center
- Community
- Other: _____

Yes/No

- Off-site Cognitive Services
- Parenteral **
- Parenteral (outpatient)
- Outpatient/Discharge
- Mail Service
- Long Term Care
- Sterile Compounding **
- Non Sterile Compounding
- Mail Service Sterile Compounding **
- Other Services: _____

All boxes must be checked
For the application to be complete

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96088

G

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Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7 Partnership - Pages 1,2,5,7

Non Publicly Traded Corporation – Pages 1,2,4,7 Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: ^{DBA} Pharma Buddies Corp Rosemont Specialty Pharmacy

Physical Address: 5860 N. Orange Blossom Trail

Mailing Address: 5860 N. Orange Blossom Trail

City: Orlando State: FL Zip Code: 32810

Telephone: 407-822-1121 Fax: 407-822-1921

Toll Free Number: 877-592-7988 (Required per NAC 639.708)

E-mail: phbuddies@gmail.com Website: rosemontspecialtyrx.com

Managing Pharmacist: Sowjanya Shakmorri License Number: PS49557

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- Retail
- Hospital (# beds _____)
- Internet
- Nuclear
- Ambulatory Surgery Center
- Community
- Other: Mail Order

All boxes must be checked

For the application to be complete

Yes/No

- Off-site Cognitive Services
- Parenteral **
- Parenteral (outpatient)
- Outpatient/Discharge
- Mail Service
- Long Term Care
- Sterile Compounding **
- Non Sterile Compounding
- Mail Service Sterile Compounding **
- Other Services: _____

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95777

H

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[X] New Pharmacy or [] Ownership Change (Provide current license number if making changes: PH ___ Check box below for type of ownership and complete all required forms.

[] Publicly Traded Corporation – Pages 1,2,3,7

[X] Partnership - Pages 1,2,5,7

[] Non Publicly Traded Corporation – Pages 1,2,4,7

[] Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Schraft's 2.0

Physical Address: 3 Wing Drive Suite 102

Mailing Address: Same As Above

City: Cedar Knolls State: NJ Zip Code: 07927

Telephone: 855-724-7238 Fax: 844-876-4545

Toll Free Number: 855-724-7238 (Required per NAC 639.708)

E-mail: adam@schrafts2.com Website: www.schrafts2.com

Managing Pharmacist: Victoria Khavulya License Number: 28RI02865100

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

- [X] [] Retail
[] [X] Hospital (# beds ___)
[] [X] Internet
[] [X] Nuclear
[] [X] Ambulatory Surgery Center
[X] [] Community
[] [X] Other: _____

Yes/No

- [] [X] Off-site Cognitive Services
[] [X] Parenteral **
[] [X] Parenteral (outpatient)
[] [X] Outpatient/Discharge
[X] [] Mail Service
[] [X] Long Term Care
[] [X] Sterile Compounding **
[] [X] Non Sterile Compounding
[] [X] Mail Service Sterile Compounding **
[] [X] Other Services: _____

All boxes must be checked

For the application to be complete

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96146

I

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 Check box below for type of ownership and complete all required forms.

Publicly Traded Corporation – Pages 1,2,3,7 Partnership - Pages 1,2,5,7
 Non Publicly Traded Corporation – Pages 1,2,4,7 Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: SMA PHARMACY #10.

Physical Address: 1110 E PLEASANT RUN RD, DESOTO TX 75115

Mailing Address: 1110 E PLEASANT RUN RD. DESOTO, TX 75115

City: DESOTO State: TX Zip Code: 75115

Telephone: 877-752-7279 Fax: 972-274-0521

Toll Free Number: 877-752-7279 (Required per NAC 639.708)

E-mail: SYED@Qmed-solutions.com Website: N/A

Managing Pharmacist: SYED SALEEM License Number: TX-44137

TYPE OF PHARMACY AND SERVICES PROVIDED

TYPE OF PHARMACY	AND	SERVICES PROVIDED
Yes/No		Yes/No
<input checked="" type="checkbox"/> <input type="checkbox"/> Retail		<input type="checkbox"/> <input checked="" type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> <input checked="" type="checkbox"/> Hospital (# beds _____)		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral **
<input type="checkbox"/> <input checked="" type="checkbox"/> Internet		<input type="checkbox"/> <input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> <input checked="" type="checkbox"/> Nuclear		<input type="checkbox"/> <input checked="" type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> <input checked="" type="checkbox"/> Ambulatory Surgery Center		<input checked="" type="checkbox"/> <input type="checkbox"/> Mail Service
<input type="checkbox"/> <input checked="" type="checkbox"/> Community		<input type="checkbox"/> <input checked="" type="checkbox"/> Long Term Care
<input type="checkbox"/> <input checked="" type="checkbox"/> Other: _____		<input type="checkbox"/> <input checked="" type="checkbox"/> Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Non Sterile Compounding
		<input type="checkbox"/> <input checked="" type="checkbox"/> Mail Service Sterile Compounding **
		<input type="checkbox"/> <input checked="" type="checkbox"/> Other Services: _____

All boxes must be checked
For the application to be complete

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Application type and ownership options: New Pharmacy or Ownership Change, Publicly Traded Corporation, Non Publicly Traded Corporation, Partnership, Sole Owner.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Southside Pharmacy 3
Physical Address: 7700 Main Street, Suite 260 Houston TX 77030
Mailing Address: 7700 Main Street, Suite 260
City: Houston State: TX Zip Code: 77030
Telephone: 8325531374 Fax: 7136614828
Toll Free Number: 1-888-660-6337
E-mail: ROMIL@SSRX.COM Website: WWW.SSRX.COM
Managing Pharmacist: ROMIL PATEL License Number: 52072

TYPE OF PHARMACY AND SERVICES PROVIDED

Grid for selecting pharmacy types and services provided, including checkboxes for Retail, Hospital, Internet, Nuclear, Ambulatory Surgery Center, Community, Other, Off-site Cognitive Services, Parenteral, Outpatient/Discharge, Mail Service, Long Term Care, Sterile Compounding, Non Sterile Compounding, Mail Service Sterile Compounding, and Other Services.

**If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,

96147